



**STATE OF TENNESSEE
TENNESSEE HUMAN RIGHTS COMMISSION
KNOXVILLE OFFICE**

531 HENLEY STREET, SUITE 701
KNOXVILLE, TENNESSEE 37902
(865) 594-6500 Fax (865) 594-6178
www.state.tn.us/humanrights

**FILING A HOUSING DISCRIMINATION COMPLAINT
WITH THE TENNESSEE HUMAN RIGHTS COMMISSION (THRC)**

The Tennessee Human Rights Commission is an independent state agency which investigates allegations of discrimination in housing, employment, and places of public accommodations. If you feel that you have been discriminated against in a housing situation because of your race, color, gender, disability, national origin, religion, creed or familial status, then you may file a housing complaint of discrimination. If the complaint is jurisdictional, then THRC will investigate the matter. Complaints of discrimination must be filed with the Commission within 180 days of the alleged discriminatory act.

Please note that a delay could occur in the investigation of your charge if the complaint is not filled out properly. To assist the Tennessee Human Rights Commission with providing efficient service to you, please make sure that you do all of the following:

- Clearly print your answers;
- Answer all questions that apply to your allegations;
- Sign and date the complaint form; and
- Keep the Commission apprised of any changes in your address or contact numbers.

A copy of this complaint, and any documents which you attach to it, will be forwarded to the individual or housing provider whom you allege discriminated against you. The individual or housing provider will be given an opportunity to respond to your allegations, and a THRC investigator will be assigned to investigate your complaint.

Disclaimer

Title VI of the Civil Rights Act of 1964 (42 United States Code § 2000d) and Tennessee Code Annotated § 4-21-904 provide that any entity receiving Federal financial assistance may not discriminate against their program beneficiaries or participants based on their race, color, or national origin. The Tennessee Human Rights Commission does not discriminate against any person based on race, color, national origin, gender, religion, disability, age, creed, familial status, or on any other basis legally prohibited by or protected by Federal or State law. Parties who wish to file a complaint against the Tennessee Human Rights Commission for violation of Title VI of the Civil Rights Act of 1964 under 42 U.S.C. § 2000d or under T.C.A. § 4-21-904 should direct such complaints to either the Tennessee Title VI Compliance Commission, the United States Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity, or the United States Equal Employment Opportunity Commission.



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THRC# _____

HOUSING DISCRIMINATION COMPLAINT

(DEPARTMENT USE ONLY)

HUD# _____

1. COMPLAINANT CONTACT INFORMATION. Provide your name and address.

NAME _____		ADDRESS _____	
TELEPHONE () _____	CELL () _____	APT No. _____	CITY _____
DATE OF BIRTH _____		COUNTY _____	STATE _____ ZIP _____

Provide the contact information of someone who can assist us in contacting you should we have difficulty in reaching you.

NAME _____		ADDRESS _____	
TELEPHONE () _____	CELL () _____	CITY _____	STATE _____ ZIP _____

2. RESPONDENT CONTACT INFORMATION.

Provide the name and address of individual(s) or housing providers that you believe discriminated against you:

NAME OF PERSON WHO DISCRIMINATED _____		ADDRESS _____	
NAME OF BUSINESS _____		CITY _____	STATE _____ ZIP _____
TYPE OF BUSINESS _____		TELEPHONE () _____	COUNTY _____

IS THE RESPONDENT ONE OF THE FOLLOWING? (MARK ALL THAT APPLY.)

☐ OWNER ☐ BUILDER ☐ BROKER ☐ SALESPERSON ☐ MANAGER ☐ BANK OR OTHER LENDER ☐ OTHER, SPECIFY: _____

WHAT KIND OF PROPERTY WAS INVOLVED?

☐ SINGLE FAMILY HOUSE ☐ HOUSE OR BUILDING FOR 2 OR MORE FAMILIES ☐ BUILDING FOR 5 OR MORE FAMILIES ☐ OTHER: _____

WHAT IS THE ADDRESS OF THE HOUSE OR PROPERTY? (STREET, CITY, COUNTY, STATE)

WAS THE HOUSE OR PROPERTY:

☐ FOR SALE ☐ FOR RENT

DID THE OWNER LIVE AT THE PROPERTY?

☐ YES ☐ NO

3. BASIS OF DISCRIMINATION: Why do you believe you were discriminated against? *Please mark below only the categories which apply, and be sure to specify the categories which you marked.*

<input type="checkbox"/> RACE: _____	<input type="checkbox"/> SEX/GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> COLOR: _____	<input type="checkbox"/> RELIGION: _____
<input type="checkbox"/> NATIONAL ORIGIN: _____	<input type="checkbox"/> CREED: _____
<input type="checkbox"/> FAMILIAL STATUS (CHILDREN UNDER 18 OR PREGNANT)	<input type="checkbox"/> DISABILITY: _____

4. WHEN DID THESE ACT(S) OCCUR?

Beginning date of the alleged discriminatory act? _____

Most recent date of the alleged discriminatory act? _____

5. BACKGROUND ON THE ALLEGED DISCRIMINATION: What happened? ***Check only those that apply.***

- | | |
|--|--|
| <input type="checkbox"/> REFUSAL TO SELL, RENT OR DEAL WITH YOU | <input type="checkbox"/> DISCRIMINATED IN FINANCING |
| <input type="checkbox"/> FALSELY DENIED THAT HOUSING WAS AVAILABLE | <input type="checkbox"/> ADVERTISED IN A DISCRIMINATORY MANNER |
| <input type="checkbox"/> INTIMIDATED, INTERFERED OR COERCED | <input type="checkbox"/> DISCRIMINATED IN REAL ESTATE SERVICES |
| <input type="checkbox"/> DIFFERENT TERMS OR CONDITIONS OF THE SALE/ RENTAL | <input type="checkbox"/> ENGAGED IN BLOCKBUSTING OR STEERING |
| <input type="checkbox"/> OTHER _____ | |

6. IN YOUR OWN WORDS, TELL US WHAT HAPPENED. Give dates, when applicable. Also, describe how others were treated differently than you. Use additional paper if needed.

How did you learn about the Tennessee Human Rights Commission?

- ☐ Radio ☐ Television ☐ Friend ☐ Other, specify _____.

IMPORTANT NOTICE

You, as the Complainant, have the right to hire an attorney and file a private lawsuit in the state court system, either Chancery or Circuit, at any time during the investigation of this complaint. If you choose this option, you must file suit within one (1) year from the date of the alleged act of discrimination and prior to any determination being made by the Tennessee Human Rights Commission (THRC). Unlike federal law, state law does not toll the statute of limitations on your claim while your charge is being investigated and/or mediated by this agency. You are not required to file a Complaint with the THRC, nor do you need the THRC's permission before you can file suit in Chancery or Circuit Court. However, if you file a lawsuit in State Court the THRC will administratively close its investigation of your Complaint pursuant to state law.

If you choose not to file a private lawsuit and this agency makes a final determination in your case, then you may not file a private lawsuit asserting same allegations as your THRC complaint, but you may file a private action appealing this agency's determination in the state court system, either Chancery or Circuit Court, within 30 days of receipt of the Determination Notice, which is the THRC's official position in this matter.

If a federal law is involved, this agency will send the Department of Housing and Urban Development (HUD) a copy of our Notice of Determination. HUD will then mail the parties a Notice of Closure of this case. Notwithstanding the determination by HUD, the Fair Housing Act provides that the complainant may file a civil action in an appropriate federal district court or state court within two (2) years after the occurrence or termination of the alleged discriminatory housing practice. The computation of this two-year period does not include the time during which this administrative proceeding was pending.

By signing this complaint form, you are acknowledging that you have read and understand your rights as set forth above.

You have the option of signing the declaration below OR signing the complaint before a notary, either of which must be done before filing the complaint.

Declaration: I declare under penalty of perjury that the foregoing is true and correct.

Complainant Signature

Date

Complainant Signature

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires: _____

Please list any fellow co-workers, supervisors, or anyone else that may have information to support or clarify your complaint. Make sure you have a complete address and phone number, including an area code.

1. Name

First		Last		
Address				
Phone Number ()	Apt #	City	State	Zip

2. Name

First		Last		
Address				
Phone Number ()	Apt #	City	State	Zip

3. Name

First		Last		
Address				
Phone Number ()	Apt #	City	State	Zip

4. Name

First		Last		
Address				
Phone Number ()	Apt #	City	State	Zip

5. Name

First		Last		
Address				
Phone Number ()	Apt #	City	State	Zip

6. Name

First		Last		
Address				
Phone Number ()	Apt #	City	State	Zip

7. Name

First		Last		
Address				
Phone Number ()	Apt #	City	State	Zip